

FILE: IFGB-F2

JSA-F2

**CLASSROOM FIELD TRIP PARENTAL PERMISSION FORM
CULLMAN CITY BOARD OF EDUCATION**

Cullman, Alabama

THIS SECTION TO BE COMPLETED BY THE FIELD TRIP SPONSOR.

School/Department: _____ Date: _____

Trip Destination(s): _____ Date(s) of Trip: _____

Field-Trip Sponsor(s): _____

Departure Time: _____ Expected Time of Return: _____

Cost to Your Child: \$ _____ (Make checks payable to the school)

Transportation: School Bus _____; Commercial Carrier _____; Private Vehicle _____; Walking _____

(If private vehicle, name of person driving vehicle: _____)

Special Clothing/Materials, etc.: _____

Educational Objectives of the Trip: _____

**THIS FORM MUST BE RETURNED TO THE FIELD-TRIP SPONSOR
BY _____**

THIS SECTION TO BE COMPLETED BY THE PARENT OR GUARDIAN

My child, _____, may _____ may not _____ participate in the above named activity.

(Please print child's name)

If you approve of your child making the trip, please fill in the necessary information requested below,

sign your name in the space provided, and return this form by your child to the person(s) in charge.

In case of an emergency, my child may _____ may not _____ receive medical treatment at the nearest

emergency medical treatment facility (Any emergency medical treatment shall be at the expense of the

parent/guardian.). My child is covered by medical insurance. _____Yes _____No

If yes, please list the name of insurance carrier and policy number: Carrier _____; policy

no. _____

My child has the following special medical needs/conditions: _____

Emergency Contact Number (Where you can be reached at the time of the field trip): _____

Second Contact Name and phone number, if possible: _____

Parent/Guardian Signature Date _____

Note: Children will not be permitted to go on field trips without a signed Field Trip Parental Permission Form on file.